

MIFP

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1586/DAD

related 2:13-cv-792

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

for the

Western District of Pennsylvania

Division

Case No.

2:22-cv-1795

(to be filled in by the Clerk's Office)

Jamaal R. Griffin

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

UPMC - Presbyterian
UPMC - Police Security Services
Swissvale P.D.

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

FILED

02/01/2023

CLERK U.S. DISTRICT COURT
WEST. DIST. OF PENNSYLVANIA

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Jamaal R. Griffin

All other names by which
you have been known:

ID Number

LV-3195

Current Institution

SCI - Fayette

Address

50 Overlook DriveLaBelle

City

PA

State

15450

Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

UPMC - Presbyterian HospitalJob or Title (*if known*)200 Medical

Shield Number

Employer

Address

200 Presbyterian Lothrop StreetPittsburgh

City

PA

State

15213

Zip Code

☐ Individual capacity☒ Official capacity**Defendant No. 2**

Name

Swissvale Police DepartmentJob or Title (*if known*)

Shield Number

27069

Employer

Address

Swissvale Borough

City

State

Zip Code

☐ Individual capacity☒ Official capacity

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Defendant No. 3

Name
Job or Title (if known)
Shield Number
Employer
Address

UPMC-Security Police Service
UPMC-Security Service Police
6355
Police Security Service

City

State

Zip Code

☐ Individual capacity ☒ Official capacity

Defendant No. 4

Name
Job or Title (if known)
Shield Number
Employer
Address

Pa. State Parole

Pa. State Parole

1101 South Front Street Suite 5100
Harrisburg PA 17104-2517
City State Zip Code

☐ Individual capacity ☒ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☐ Federal officials (a *Bivens* claim)
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

6th Amendment a right to be heard Pennsylvania Article (1) Section 9 Court
Pa. Const. Article (1) Section 26, 8. Pursuant to United States Constitution 14th Amendment
5th Amendment 4th Amendment 1st Amendment 6th Amendment

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

Statement of Claim

CP-02-CR-0003594-2021

Swissvale Police did not get into the ambulance when taken to UPMC-Presbyterian, they called and said to detain the Plaintiff, After medications was given to the Plaintiff, They hide the video footage I been requesting In the case, which is violation of ones right Rule 573

Discovery: The UPMC-Police Security Serves called State Parole, Requesting a Warrant for my arrest, As the Active Warrant, with No Discovery of So.

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- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Acted under color of state, 1983

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) *Convicted to 2 years Probation, A Plea agreement With Prosecutor Klie Fitzpatrick, Because the Mens Rea Connected with Acus Reus.*

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

I was sent to UPMC-Presbyterian Hospital and they gave me medication That gave me problems breathing, And I did not know what was going on

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

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- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Medical malpractice, Malicious prosecution

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

The Swissvale police, came to 7536 Short St. in Swissvale of Pittsburgh. By a ambulance from hitting me head, there was a medical emergency, that they gave me Narcan, with know J. Opaiter in his system as the medical records shows from the UPMC-Presbyterian Hospital. While under sedation, officer stole belongs off the Plaintiff Jacket

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

The Incident happened in UPMC-Presbyterian Hospital
Stolen Jacket

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C. What date and approximate time did the events giving rise to your claim(s) occur?

12/9/2020 At 9:15

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I was given medication that me stop, being able to breath
Not giving me the correct treatment, from sedation

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Over sedation I level 1 Trauma from medication focal seizures
extremities and curling of both hands inward.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I want the court to have upmc-presbyterian hospital to explaine
why there was not a officer in the room, while I was under arrest
after surgery, on my nose, And get my Jacket, 1,000,000. dollars

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C. What date and approximate time did the events giving rise to your claim(s) occur?

12/9/2020 9:15 Am

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

The UPMC-Presbyterian Hospital gave me Narcan, then some other medication that was a sedative that effected my thinking, that was causing me to have seizures, then stole my winter Jacket Materially Exhibit: Medical Records from UPMC-Presbyterian Hospital

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Seizures, over sedation by the UPMC-Presbyterian, then they called the UPMC-Presbyterian-Police Security Service. They falsely reported I had a warrant for my arrest by Parole, then by the Swissvale Police

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

1,000,000.000. dollars for the damages that was done, And pay for my Jacket, They never followed policy and procedures when a person is under arrest, There should been, A Security at the room.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☐ Yes

☒ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☒ No

☐ Do not know

If yes, which claim(s)?

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IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

12/9/2022

Signature of Plaintiff

Jamaal R. Griffin

Printed Name of Plaintiff

Jamaal R. Griffin

Prison Identification #

LJ-3195

Prison Address

SCI-Fayette 50 Overlook DriveLaBelle

City

PA

State

15450

Zip Code

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

SCI-Fayette 50 Overlook DriveLaBelle

City

PA

State

15450

Zip Code

Telephone Number

931-217-5543

E-mail Address

logicalchoice505@yahoo.com